## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		17	OF	25
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	,	17

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.						
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC								
Α.	Full Name (Last, First, Middle Initial) Kevin L Ziffra MD	Date of Receipt							
	Mailing Address 249 Spruce Rd	07 18 2015							
	City	State Zip Code	Transaction ID : 7263727						
	Northbrook	IL 60062-1220	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	250.00						
	Name of Employer	Occupation							
	Ear, Nose & Throat Center	Physician							
	Receipt For:  Primary General	Aggregate Year-to-Date ▼							
	Other (specify) ▼	250.00							
В.	Full Name (Last, First, Middle Initial)  Jeffrey S. Masin MD		Date of Receipt						
	Mailing Address 300 Locust St Ste 100		07 20 _2015 _						
	City	State Zip Code	Transaction ID : 7263730						
	Akron	OH 44302-1800	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	365.00						
	Name of Employer	Occupation							
	Akron Children's Hospital	Physician							
	Receipt For:								
	Primary General	Aggregate Year-to-Date ▼							
	Other (specify) ▼	365.00							
_	Full Name (Last, First, Middle Initial) Liana Puscas MD	Date of Receipt							
C.	Mailing Address Duke South Box 3805		M = M / D = D / Y = Y = Y						
			07 21 2015						
	City	State Zip Code	Transaction ID: 7263733						
	Durham	NC 27710-0001	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	535.00						
	Name of Employer	Occupation							
	Duke University Medical Center	Physician							
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General	Aggregate Tear to Bate V							
	Other (specify) ▼	535.00							
s	SUBTOTAL of Receipts This Page (optional)		1150.00						
_	OTAL This Period (last page this line number o	only)							